ATTACHMENT 2
Optional School-Based Services Activity Log Sample
(Time method)

(A copy of an example "Optional School-Based Services Activity Log for Nursing/Therapy Medical Services" is located on the following page.)

WISCONSIN MEDICAID
OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
NURSING/THERAPY MEDICAL SERVICES

Time method

Name — Student (Last, First, MI)	Name — School
Student, Ima G.	Wisconsin Elementary

	Date of Service (MM/DD/YY)	General Service Category	Unit of Service (Time or Units)	Group or Individual	Describe Specific Services Performed	Student's Response/ Progress	Initials or Signature* (Of Person Who Performed Service)
①	10/12/01	nursing	10 a.m. - 10:15 a.m. (15 minutes)	Ind	Post-seizure observation	Alert and oriented x3	*Ima Provider*
②	10/14/01	nursing	3 times, 10 minutes each (30 minutes) Times between 11 a.m. and 3 p.m.	Ind	Transferring onto toilet	N/A	*Ima Provider*

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)

Therapy services only:

A. Does the recipient have insurance?
❑ Yes   ❑ No
(If yes, go to B. If no, stop.)

B. Is there an insurance exclusionary clause for all school-based services?
❑ Yes   ❑ No
(If yes, insurance liability does not apply. If no or do not know, go to C.)

C. Check the option selected:

❑ Option 1: School assuming insurance liability. (Subtract the first occurring unit of occupational therapy [OT] [group or individual] and/or physical therapy [PT] [group or individual] during the calendar month from the monthly claim for services. Bill the remaining services to Wisconsin Medicaid. Do not indicate an "other insurance" disclaimer code in Element 9 of the CMS 1500 claim form.)

❑ Option 2: School seeking insurance payment for OT (group or individual) and/or PT (group or individual). Schools must have parental permission for this option.

❑ Option 3: School not seeking Medicaid payment for OT (group or individual) and/or PT (group or individual).